

**MONTANA BOARD OF REALTY REGULATION**  
**301 South Park Avenue, 4th Floor**  
**P O Box 200513**  
**Helena, Montana 59620-0513**  
**PHONE: (406) 444-2961**  
**FAX: (406) 841-2323 E-MAIL: www.realestate.mt.gov**

**Pre Determination of Application for Licensure as a Salesperson**  
**Application fee \$50**

- Must be at least 18 years of age
- Must have completed the 10th grade from an accredited high school or equivalent

1. FULL NAME \_\_\_\_\_  
Last First Middle

2. OTHER NAME(S) KNOWN BY \_\_\_\_\_

3. BUSINESS NAME \_\_\_\_\_

4. BUSINESS ADDRESS \_\_\_\_\_  
Street Address City and State Zip Country

MAILING ADDRESS (If Different) \_\_\_\_\_  
PO Box # City and State Zip Country

5. HOME ADDRESS \_\_\_\_\_  
Street or PO Box # City and State Zip Country

E-MAIL ADDRESS \_\_\_\_\_ WEB SITE ADDRESS \_\_\_\_\_

6. TELEPHONE \_\_\_\_\_  
Business Home Fax

7. SOCIAL SECURITY NUMBER FOREIGN ID NUMBER \_\_\_\_\_ ☐ MALE ☐ FEMALE

8. DATE OF BIRTH AGE PLACE OF BIRTH \_\_\_\_\_  
Month/ Day/Year City/State

9. LICENSE SIGNATURE \_\_\_\_\_

10. BROKER'S TRUST ACCOUNT # \_\_\_\_\_ BANK NAME \_\_\_\_\_

BANK LOCATION \_\_\_\_\_

11. SUPERVISING BROKER AGREEMENT: I, \_\_\_\_\_, agree that I  
**Broker Name License # (if applicable)**  
will supervise the above-named applicant as a real estate salesperson. I hereby state that the applicant for  
real estate salesperson license has satisfactory credit, character, and IS OF GOOD REPUTE. I further agree  
that I will ACTIVELY SUPERVISE AND TRAIN the applicant during the time the applicant remains  
under my supervision as a real estate salesperson.

\_\_\_\_\_  
Supervising Broker Signature

\_\_\_\_\_  
Date

12. List all real estate salesperson examinations that you have taken and the results. Attached additional sheet if necessary.

State Taken In	Exam Date	Results

All applicants must answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a supplement sheet.

13. Have you ever been denied the right to take a licensure examination in any state?

If yes, attach a detailed explanation.

☐ Yes ☐ No

14. Has a licensing agency ever taken adverse or disciplinary action against your license (certificate)?

If yes, attach a detailed explanation.

☐ Yes ☐ No

15. Has your license (certificate) ever been forfeited or surrendered? If yes, attach a detailed explanation.

☐ Yes ☐ No

16. Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct? If yes, attach a detailed explanation.

☐ Yes ☐ No

17. Has any legal or disciplinary action been filed against you which relates to the propriety or your fitness to practice this profession? If yes, attach a detailed explanation.

☐ Yes ☐ No

18. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? If yes, attach a detailed explanation.

☐ Yes ☐ No

19. Have you ever been charged with or convicted of a crime (including a plea of no contest or deferred prosecution) relating to, or committed, involving violence, use or sale of drugs, fraud, deceit, or theft, whether or not an appeal is pending? You may omit: (1) traffic violations for which you paid a fine of \$100.00 or less and (2) charges or convictions prior to your 16th birthday. If yes, attach a detailed explanation.

☐ Yes ☐ No

20. Have you ever been charged with fraud, formally or informally, in any civil proceeding?

If yes, attach a detailed explanation.

☐ Yes ☐ No

21. Have you any physical or mental condition which has in the past three years adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation.

☐ Yes ☐ No

22. Have you, within the last three years, used alcohol or any other mood-altering substance in a manner which adversely affected your ability to practice this profession?

If yes, attach a detailed explanation.

☐ Yes ☐ No

23. Do you currently hold any type of real estate license in Montana or another state? If yes, provide the following information: (Attach a supplement sheet if necessary.)

☐ Yes ☐ No

State/Province/Territory	License Number	Date Issued	Is It Current	Type of License
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	